

Resource Order * * * * * Crew		Initial Date/Time		Incident/Project Name		Incident/Project Order Number				Office Reference Number					
Descriptive Location Response Area				TEAM C CREWS ALL HAZARD No changes Revised 06/30/2014		Incident Base/Phone Number 605-399-3160				Agency					
										Ordering Office					
Request Number	Ordered Date/Time	From	Qty	Resource Requested	Needed Date	Time	Deliver To	To	Time	Agency ID	Resource Assigned	ETD	Released Date	To	Time
C-			1	CAMP CREW 10 PEOPLE W/ SUPERVISOR			ICP								
			1	TYPE 1 CREW W/ TRANSPORTATION & TOOLS (WILL ACCEPT A TRAINEE)			ICP								
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			1	TYPE 1 CREW W/ TRANSPORTATION & TOOLS (WILL ACCEPT A TRAINEE)			ICP								
			1	TYPE 2 IA OR TYPE 2 W/ TRANSPORTATION & TOOLS DOUBLE LUNCHEDED IF COMING FROM MORE THAN 6 HOURS AWAY.			ICP								
			1	TYPE 2 IA OR TYPE 2 W/ TRANSPORTATION & TOOLS DOUBLE LUNCHEDED IF COMING FROM MORE THAN 6 HOURS AWAY.			ICP								

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